

# ENVIRONMENTAL AND OCCUPATIONAL HEALTH RESEARCH SURVEY

## Section 1. Professional Background, Occupation and Focus

Today's Date: \_\_\_\_\_

<b>Name:</b>	<b>Title:</b>
<b>Employer:</b>	<b>Degree(s):</b>

1) Which of these best describes your professional expertise? *(please check all that apply)*

- |                                                                              |                                                        |
|------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Epidemiology                                        | <input type="checkbox"/> Health Policy                 |
| <input type="checkbox"/> Toxicology                                          | <input type="checkbox"/> Biology                       |
| <input type="checkbox"/> Chemistry                                           | <input type="checkbox"/> Public Health Research        |
| <input type="checkbox"/> Industrial Hygiene                                  | <input type="checkbox"/> Other (please specify: _____) |
| <input type="checkbox"/> Clinical practice (please specify specialty: _____) |                                                        |

2) Which of these area(s) best describes the focus of your work (i.e. what is your area of focus)? *(please check all that apply in each of the section)*

Health Hazards (Exposures)	Health Effects (Disease and Conditions)	Special Populations
<input type="checkbox"/> Persistent organic pollutants (e.g. PCBs and dioxins)	<input type="checkbox"/> Birth Defects and Reproductive Outcome	<input type="checkbox"/> Children's Health
<input type="checkbox"/> Heavy Metals (e.g. mercury and lead)	<input type="checkbox"/> Developmental disabilities (e.g. cerebral palsy, autism, and mental retardation)	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Pesticides (e.g. organophosphates and carbamates)	<input type="checkbox"/> Asthma and respiratory diseases	<input type="checkbox"/> Elderly Health
<input type="checkbox"/> Air contaminants (e.g. toluene and fine particles)	<input type="checkbox"/> Cancer, including childhood cancer	<input type="checkbox"/> Worker Health
<input type="checkbox"/> Drinking water contaminants, including pathogens	<input type="checkbox"/> Neurological Diseases, including Parkinson's, Multiple Sclerosis and Alzheimer's	<input type="checkbox"/> Ethnic/National Population
<input type="checkbox"/> Endocrine Disruptors (e.g. phthalates)	<input type="checkbox"/> Other (please specify: _____)	(please specify group: _____)
<input type="checkbox"/> Other (please specify: _____)		<input type="checkbox"/> Other (please specify: _____)

## Section 2. Current Research Work

3) Are you currently involved in any funded environmental health, occupational health study(ies) or disease monitoring programs? ☐ YES ☐ NO

3A) If **YES**, please describe each of your study(ies) or program(s) by answering the questions below:

### Study 1 *Please describe one of your funded studies/ programs in the following questions*

Note: For the next set of questions, please choose one of your studies to answer the following questions.

**\*\* If you have more than one study or program, please refer to Section IV to continue to describe each of the additional studies.**

4) What is the title of this study or program?

5) What is the time period of funding for this study or program?

6) What other collaborators, if any, are on the study or program?

7) What health issue(s) or health relationship(s) between exposure and disease are being considered in this study or program?

8) What is the study population?

9) Where is the study conducted?

10) Does this study collect human samples for laboratory analysis? ☐ YES ☐ NO

10A) If ☒ YES, please fill out the table below:

Type of Human Sample(s)	Type of Biomarker: <i>(please check all that applies and specify what is measured/ identified in sample)</i>	Where are your samples analyzed? <i>(please check all that apply and indicate name of laboratory)</i>	What lab methods are used for this specimen analysis? <i>(If unknown, please provide lab contact person for project)</i>	Problems encountered with biomonitoring
1.	<input type="checkbox"/> Biomarker of Exposure: <i>specify:</i>  <input type="checkbox"/> Biomarker of Susceptibility: <i>specify:</i>  <input type="checkbox"/> Biomarker of Effect: <i>specify:</i>	<input type="checkbox"/> State Lab <i>(name: _____)</i> <input type="checkbox"/> Federal lab <i>(name: _____)</i> <input type="checkbox"/> Private Lab <i>(name: _____)</i> <input type="checkbox"/> Academic lab <i>(name: _____)</i> <input type="checkbox"/> Other <i>(name: _____)</i>		
2.	<input type="checkbox"/> Biomarker of Exposure: <i>specify:</i>  <input type="checkbox"/> Biomarker of Susceptibility: <i>specify:</i>  <input type="checkbox"/> Biomarker of Effect: <i>specify:</i>	<input type="checkbox"/> State Lab <i>(name: _____)</i> <input type="checkbox"/> Federal lab <i>(name: _____)</i> <input type="checkbox"/> Private Lab <i>(name: _____)</i> <input type="checkbox"/> Academic lab <i>(name: _____)</i> <input type="checkbox"/> Other <i>(name: _____)</i>		

10B) If ☐ NO, could you think of some type of human biomonitoring that would improve the quality of your study or program?

*Please describe briefly:*

11) Are there any environmental monitoring components in this study or program? \_\_YES \_\_NO

\* If **YES**, please fill out the table below:

What substance(s) is monitored?	What kinds of environmental sample(s) is being collected?	Please briefly describe any problems encountered from environmental monitoring.
1.		
2.		
3.		

12) Would you be interested in future potential collaboration with the State Public Health Laboratory in human biomonitoring for this study or any future studies in this area? \_\_YES \_\_NO

12A) If **YES**, please indicate how the State labs could best support your research study in human biomonitoring? *(please check all that apply)*:

☐ Analyze samples.

☐ Develop new human biomonitoring methods.

☐ Provide quality assurance or reference support for lab testing.

☐ Provide population reference range.

☐ Other, *please specify*: \_\_\_\_\_

### **Section 3. Suggestions for Biomonitoring Project**

13) Do you know any other investigators with ongoing or planned studies which have current or potentials for biomonitoring whom we should interview for this planning project?

Name of Principal Investigator/ New Programs	Organization	Contact Info <i>(if known)</i>	Health Issue
1.			
2.			
3.			

14) Are there any gaps or areas for further development at the laboratory science level that would enhance your future research?

15) Do you have any additional suggestions or comments?

**Section IV: Additional studies:**

*If you are involved in additional studies, please continue to fill out the following pages about your other studies.*

**Study 2 Please describe a 2<sup>nd</sup> funded study/ program that you are involved with in the following questions**

16) What is the title of this study or program?

17) What is the time period of funding for this study or program?

18) What other collaborators, if any, are on the study or program?

19) What health issue(s) or health relationship(s) between exposure and disease are being considered in this study or program?

20) What is the study population?

21) Where is the study conducted?

22) Does this study collect human samples for laboratory analysis? ☐ YES ☐ NO

22A) If **YES**, please fill out the table below:

Type of Human Sample(s)	Type of Biomarker: <i>(please check all that applies and <u>specify</u> what is measured/ identified in sample)</i>	Where are your samples analyzed? <i>(please check all that apply and indicate name of laboratory)</i>	What lab methods are used for this specimen analysis? <i>(If unknown, please provide lab <u>contact person for project</u>)</i>	Problems encountered with biomonitoring
1.	<input type="checkbox"/> Biomarker of Exposure: <i>specify:</i> <input type="checkbox"/> Biomarker of Susceptibility: <i>specify:</i> <input type="checkbox"/> Biomarker of Effect: <i>specify:</i>	<input type="checkbox"/> State Lab <i>(name: _____)</i> <input type="checkbox"/> Federal lab <i>(name: _____)</i> <input type="checkbox"/> Private Lab <i>(name: _____)</i> <input type="checkbox"/> Academic lab <i>(name: _____)</i> <input type="checkbox"/> Other <i>(name: _____)</i>		

2.	___ Biomarker of Exposure: <i>specify:</i>	___ State Lab (name: _____)		
	___ Biomarker of Susceptibility: <i>specify:</i>	___ Federal lab (name: _____)		
	___ Biomarker of Effect: <i>specify:</i>	___ Private Lab (name: _____)		
		___ Academic lab (name: _____)		
		___ Other (name: _____)		

22B) If **NO**, could you think of some type of biomonitoring that would improve the quality of your study or program?  
Please describe briefly:

23) Are there any environmental monitoring components in this study or program? YES NO

\* If **YES**, please fill out the table below:

What substance(s) is monitored?	What kinds of environmental sample(s) is being collected?	Please briefly describe any problems encountered from environmental monitoring.
1.		
2.		
3.		

24) Would you be interested in future potential collaboration with the State Public Health Laboratory in human biomonitoring for this study or any future studies in this area? YES NO

24A) If **YES**, please indicate how the State labs could best support your research study in human biomonitoring? (please check all that apply):

- \_\_\_ Analyze samples.  
 \_\_\_ Develop new human biomonitoring methods.  
 \_\_\_ Provide quality assurance or reference support for lab testing.  
 \_\_\_ Provide population reference range.  
 \_\_\_ Other, please specify: \_\_\_\_\_

**Study 3 Please describe a 3<sup>rd</sup> funded study/ program that you are involved with in the following questions**

25) What is the title of this study or program?

26) What is the time period of funding for this study or program?

27) What other collaborators, if any, are on the study or program?

28) What health issue(s) or health relationship(s) between exposure and disease are being considered in this study or program?

29) What is the study population?

30) Where is the study conducted?

31) Does this study collect human samples for laboratory analysis? \_\_ YES \_\_ NO

31A) If **YES**, please fill out the table below:

Type of Human Sample(s)	Type of Biomarker: <i>(please check all that applies and specify what is measured/ identified in sample)</i>	Where are your samples analyzed? <i>(please check all that apply and indicate name of laboratory)</i>	What lab methods are used for this specimen analysis? <i>(If unknown, please provide lab contact person for project)</i>	Problems encountered with biomonitoring
1.	<input type="checkbox"/> Biomarker of Exposure: <i>specify:</i>  <input type="checkbox"/> Biomarker of Susceptibility: <i>specify:</i>  <input type="checkbox"/> Biomarker of Effect: <i>specify:</i>	<input type="checkbox"/> State Lab <i>(name: _____)</i> <input type="checkbox"/> Federal lab <i>(name: _____)</i> <input type="checkbox"/> Private Lab <i>(name: _____)</i> <input type="checkbox"/> Academic lab <i>(name: _____)</i> <input type="checkbox"/> Other <i>(name: _____)</i>		
2.	<input type="checkbox"/> Biomarker of Exposure: <i>specify:</i>  <input type="checkbox"/> Biomarker of Susceptibility: <i>specify:</i>  <input type="checkbox"/> Biomarker of Effect: <i>specify:</i>	<input type="checkbox"/> State Lab <i>(name: _____)</i> <input type="checkbox"/> Federal lab <i>(name: _____)</i> <input type="checkbox"/> Private Lab <i>(name: _____)</i> <input type="checkbox"/> Academic lab <i>(name: _____)</i> <input type="checkbox"/> Other <i>(name: _____)</i>		

31B) If **NO**, could you think of some type of biomonitoring that would improve the quality of your study or program?  
*Please describe briefly:*

32) Are there any environmental monitoring components in this study or program? \_\_YES \_\_NO

\* If **YES**, please fill out the table below:

What substance(s) is monitored?	What kinds of environmental sample(s) is being collected?	Please briefly describe any problems encountered from environmental monitoring.
1.		
2.		
3.		

33) Would you be interested in future potential collaboration with the State Public Health Laboratory in human biomonitoring for this study or any future studies in this area? \_\_YES \_\_NO

33A) If **YES**, please indicate how the State labs could best support your research study in human biomonitoring? (*please check all that apply*):

☐ Analyze samples.

☐ Develop new human biomonitoring methods.

☐ Provide quality assurance or reference support for lab testing.

☐ Provide population reference range.

☐ Other, *please specify*: \_\_\_\_\_

**Study 4 Please describe a 4<sup>th</sup> funded study/ program that you are involved with in the following questions**

34) What is the title of this study or program?

35) What is the time period of funding for this study or program?

36) What other collaborators, if any, are on the study or program?

37) What health issue(s) or health relationship(s) between exposure and disease are being considered in this study or program?

38) What is the study population?

39) Where is the study conducted?

40) Does this study collect human samples for laboratory analysis? \_\_YES \_\_NO

40A) If **YES**, please fill out the table below:

Type of Human Sample(s)	Type of Biomarker: <i>(please check all that applies and specify what is measured/ identified in sample)</i>	Where are your samples analyzed? <i>(please check all that apply and indicate name of laboratory)</i>	What lab methods are used for this specimen analysis? <i>(If unknown, please provide lab contact person for project)</i>	Problems encountered with biomonitoring
1.	___ Biomarker of Exposure: <i>specify:</i>  ___ Biomarker of Susceptibility: <i>specify:</i>  ___ Biomarker of Effect: <i>specify:</i>	___ State Lab <i>(name: _____)</i> ___ Federal lab <i>(name: _____)</i> ___ Private Lab <i>(name: _____)</i> ___ Academic lab <i>(name: _____)</i> ___ Other <i>(name: _____)</i>		
2.	___ Biomarker of Exposure: <i>specify:</i>  ___ Biomarker of Susceptibility: <i>specify:</i>  ___ Biomarker of Effect: <i>specify:</i>	___ State Lab <i>(name: _____)</i> ___ Federal lab <i>(name: _____)</i> ___ Private Lab <i>(name: _____)</i> ___ Academic lab <i>(name: _____)</i> ___ Other <i>(name: _____)</i>		

40B) If **NO**, could you think of some type of biomonitoring that would improve the quality of your study or program?  
*Please describe briefly:*

41) Are there any environmental monitoring components in this study or program? \_\_\_YES \_\_\_NO

\* If **YES**, please fill out the table below:

What substance(s) is monitored?	What kinds of environmental sample(s) is being collected?	Please briefly describe any problems encountered from environmental monitoring.
1.		
2.		
3.		



42) Would you be interested in future potential collaboration with the State Public Health Laboratory in human biomonitoring for this study or any future studies in this area? ☐ **YES** ☐ **NO**

42A) If ☒ **YES**, please indicate how the State labs could best support your research study in human biomonitoring? (*please check all that apply*):

☐ Analyze samples.

☐ Develop new human biomonitoring methods.

☐ Provide quality assurance or reference support for lab testing.

☐ Provide population reference range.

☐ Other, *please specify*: \_\_\_\_\_

**Thank you very much for your time in filling out this survey.**